Disability Awareness Month

SPEAKER PACKET

A speaking engagement addressing disability issues is an effective way to reach the general public and increase their knowledge about disabilities. This packet will help you coordinate and promote a speaker event. The enclosed speaker timeline and checklist will help you to plan and organize your event. A special section offers suggestions for conducting a speaker tour.

Finding a Speaker

Many of the agencies that work with people with disabilities, parent organizations, rehabilitation hospitals, or advocacy groups are good resources for knowledgeable speakers. Contact local agencies and let them know your group is interested in a speaker for an upcoming event. Be sure to request a specific topic(s) so they can select the most appropriate spokesperson.

If these groups aren't available in your local community, try state agencies or state organizations to find the nearest chapter that can provide a speaker. Try to find a person with disabilities in your community who would agree to speak at your event. People with disabilities usually have the greatest impact when speaking about disabilities.

Be sure to ask if there will be any fee involved for the speaker. If so, is there a standard charge or does the speaker accept "donations" for his or her time? Be sure the speaker is knowledgeable about the topic and can address current trends for question-and-answer purposes. Check the speaker's references as well.

The speaker should be able to deliver an entertaining, yet informative, speech that will capture the audience's attention and cause them to retain ideas.

Briefing the Speaker

Meet with the speaker and give him or her background information on your organization, your event and the audience he or she will be addressing. The speaker's address should be tailored to your specific audience. Tell your speaker what time to arrive and where (including a street address and any necessary directions), and the length of time he or she should speak. Also, mention that you'd like to save time for questions and answers. Let your speaker know the format of the program: will he or she be the first of several guests? Will there be a panel of speakers discussing the issues? Will he or she be the only speaker at the event? If there will be several speakers addressing the audience, you should consider having a moderator to keep things organized.

Ask if any audio-visual equipment is needed. You might need to rent the requested materials or your meeting location might have equipment available. Call your contact at the meeting site to check.

If the speaker has a disability, ask what accommodations are needed to make the meeting room accessible. Check the equipment to see if it is adaptable to your speaker. Can the microphone be lowered to wheelchair height? If there is a speakers' stage or platform can it be ramped? You will want to make sure your speaker's needs are accommodated.

The needs of the people attending are just as important to consider as the needs of the speaker. Some of these people might have physical disabilities. Be sure to visit the site of your event to determine if it is accessible. Make sure the isles between tables or chairs are wide enough for wheelchairs. You might also need to have a sign language interpreter available.

Location

Schools and often offer their classrooms and auditoriums for after-hours meetings, and many local hotels have conference rooms. Local churches may have space available and local libraries usually have community rooms available for a small fee or even free of charge. To see which location would work best, you should visit the location prior to selecting a site.

Be sure to find out if any fees are involved. If a hotel normally charges for room rental, it might waive the fee in this instance. Or, your organization might be able to pay the fee or find a local business that would sponsor your event.

Speaker Tour

If you or other people from your organization have disabilities or are experts on a specific disability topic, consider scheduling a speaker tour during Disability Awareness Month. The tour can last two consecutive days, a week, or the entire month of March, depending on how much time your speaker can spend away from his or her regular schedule.

First, you'll need to identify the person(s) who will tour your community. Gather background information on each individual, including areas of expertise and the types of speeches he or she can present. If your organization has a speaker's bureau, this information might be available already.

Next, identify the audiences you want to reach. Will your speaker(s) address school children, a local union or a church congregation? Develop a list of the possible audiences and call these groups for the appropriate contact person(s). Be sure to get the correct spelling of all names, titles and addresses. Write a letter to these contacts explaining that March is Disability Awareness Month and that you have an expert who would like to speak about people with disabilities. Describe the speaker's expertise and how the event can increase the audience's awareness of people with disabilities. Include the dates and times that the speaker is available and a telephone number where you can be reached. Once a speaker has been scheduled, follow the suggestions in this packet for media relations and follow up. (See sample letter to potential audiences)

Media Relations

You can publicize your speaker event or tour by adapting the enclosed calendar release, media advisory and PSA. Be sure to insert the appropriate names, dates and locations when retyping the release and PSA on your company's or organization's letterhead. If you don't have letterhead, use clean, white heavy bond paper. Double space and be sure to include a contact name and phone number on the release.

If your event is open to the public, mail a calendar release three weeks in advance to daily and weekly newspapers and a PSA to radio stations. The PSA should be mailed to the local radio stations' public service directors. It's a good idea to verify deadlines at each media outlet. A week before the event, mail or fax a media advisory to the editors of your local papers and the

news directors at the radio and television stations. Call these media outlets to find out the names of the appropriate people. Be sure to get the correct spelling of all names, titles and mailing addresses. If the public is not invited but you welcome media attention, note on the release that the event is not open to the public.

You should track the media coverage by having your friends record the local television newscasts and local radio station broadcasts. Keep a record at the event of the media representatives who attend. This list will help you track coverage. Be sure to watch for any articles in your local papers. Assign a friend to do the same.

Plan B

As hard as you try to organize your event and keep it on schedule, things might happen that are out of your control. Thus, it is a good idea to have a "Plan B." For example, what if the speaker gets sick? Is there a time to reschedule the event? Do you have a back-up speaker? Do the media need to be informed of the change? It will help in the long run if you spend some time preparing a back-up plan.

Follow Up

Thank you letters to the host or to the speaker and referring organization should be sent after your event. It's also courteous to thank reporters and editors who covered the event. See the enclosed sample letter and use it as a guide to personalize your letters.

Sometimes a reporter with the best intentions inadvertently uses language in a story that creates negative impressions of people with disabilities. Examples include "the handicapped" or "the disabled person." If you receive such media coverage, send a thank you letter, but also include suggestions and a set of guidelines for correct language when referring to people with disabilities. A sample letter is enclosed, along with "Guidelines for Reporting and Writing about People with Disabilities," produced by the Indiana Governor's Council for People with Disabilities.

SPEAKER TIMELINE CHECKLIST

This timeline checklist should be adjusted according to your specific planning timeframe.

Six to eigh	nt weeks before your event:
	Conduct telephone calls to find a speaker.
	Decide where the event will take place (if you do not have a traditional meeting spot). Be sure the building and stage are accessible to people with disabilities. Get or send a written confirmation.
	Outline the event's schedule. Determine who will speak first and who will introduce the guest.
Five week	s before your event:
	Call or send a letter to confirm your speaker. Be sure to include time, date, location and directions to the event. Also, you might want to send information on your organization, to assist the speaker in tailoring his or her speech to your organization. You might need to schedule a meeting to discuss your organization and its members.
Four weel	ks before your event:
	Call local newspapers and radio and television stations. Get the names of the appropriate contacts. Be sure you have the correct spelling of names, titles and current mailing addresses.
Three wee	eks before your event:
	Mail the calendar release and radio PSA if your event is open to the public.
Two week	as before your event:
	Confirm details of the event. Make arrangements to borrow or rent a microphone and podium, if necessary.
	Ask the speaker for a short biography that you can adapt for his or her introduction

One week before your event:	
	Mail or fax the media advisory to all media outlets. Be sure to note on the release if the public is not invited. A few days later, follow up with a phone call to confirm that the release was received. By checking with them, you can encourage your contacts to use the information in the release.
One day before your event:	
	Follow up with your speaker one last time. Ask if he or she needs more instructions or directions.
	Check to make sure that the room where the event will take place is ready.
After your event:	
	Send thank you letters to the appropriate people.

(Date)

(Rev./Father/Rabbi Joe Smith) (Anytown) Church (789 Main Street) (Anytown), IN (46000)

Dear (Rev./Father/Rabbi Smith):

During Disability Awareness Month in March, people across Indiana and throughout the United States will stress that people with disabilities should be treated like everyone else – like people.

To increase our own community's awareness, (Ms. Susan Jones, a rehabilitation therapist) at the (Anytown Rehabilitation Clinic), would like to speak to your congregation either after a worship service or during an evening in March.

At (Anytown Rehabilitation Clinic), (Ms. Jones) helps people with acquired disabilities adjust to their disability and regain their independence. She is a popular speaker in the community, addressing (business organizations and hosting school children who visit the clinic). Often, a former client will join her. This offers the audience a chance to hear what it is like to have a disability from a person with a disability. The speaker can dispel common myths and answer questions.

I believe your congregation would benefit greatly from (Ms. Jones') visit. To schedule a date and time, please give me a call at (123-4567). I look forward to hearing from you.

Sincerely,

(Your name) (Title)

(Sample Calendar Release)

For Immediate Release (Date)

Contact: (Your Name) (Your Phone)

Calendar Release

To celebrate Disability Awareness Month, (Susan Jones), a (rehabilitation therapist) at the (Anytown Rehabilitation Center), will talk about current disability issues and the effect of the Americans with Disabilities Act at (7:30 p.m., Tuesday, March 10) at (Anytown Methodist Church). Some of (Ms. Jones') patients will present issues from the disability perspective. The event is sponsored by the (Anytown Support Group for People with Disabilities) and is free and open to the public. For more information, call (John Doe) at (123-4567).

(Sample Radio PSA)

Contact:

 (Your name)
 Start: (February ___, 20__)

 (Your phone)
 Stop: (March ___, 20__)

TIME: 15 seconds

"SPECIAL SPEAKER"

ANNOUNCER

TO CELEBRATE DISABILITY AWARENESS MONTH IN MARCH, (SUSAN JONES) OF THE (ANYTOWN REHABILITATION CENTER) WILL SPEAK (TUESDAY, MARCH 7 AT 7:30 P.M.) AT (ANYTOWN METHODIST CHURCH). THE EVENT IS FREE AND OPEN TO THE PUBLIC. (MS. JONES) WILL TALK ABOUT DISABILITY ISSUES, INCLUDING THE AMERICANS WITH DISABILITIES ACT.

(Sample Media Advisory)

For Immediate Release (Date)

Contact: (Your name) (Your phone)

MEDIA ADVISORY

What Disability Awareness Month speaker

Speech title: "People with disabilities should be treated like everyone else – like

people."

Who (Ms. Susan Jones, a rehabilitation therapist at Anytown Rehabilitation Center)

When (Tuesday, March 7)

(7:30 p.m.)

Where (Anytown Methodist Church)

(Address)

Why To celebrate Disability Awareness Month, the (Anytown Support Group for

People with Disabilities) is hosting the presentation as a means to increase awareness about people with disabilities and disability-related issues.

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(Date)

(Ms. Susan Jones) (Title) (XYZ Company) (123 Main Street) (Anytown), IN (46000)

Dear (Ms. Jones):

Thank you for speaking at our Disability Awareness Month event on (Tuesday, March 7, 20__). We appreciate your helping us to celebrate Disability Awareness Month.

We enjoyed your speech, "People with disabilities should be treated like everyone else – like people," and we found it very informative. It is our goal to increase awareness in the community that people with disabilities deserve the same respect, dignity and access as everyone else. Thank you for helping us work toward that goal.

Sincerely,

(Your name) (Title)

(Sample Thank You Letter – With Suggestions for Appropriate Language)

(Date)

(Mr. John Doe) (Title) (XYZ Media) (123 Main Street) (Anytown, Indiana 46000)

Dear (Mr. Doe):

Thank you for your recent article/broadcast about our organization/event. Although we always appreciate coverage about people with disabilities and the issues that concern them, it is also important to realize that the way a reporter tells a story can make a significant difference in how people with disabilities are perceived in the community.

Reporting on the disability community is just like reporting on any other minority group; there are "correct" words and phrases to use. The Indiana Governor's Council for People with Disabilities and other disability organizations emphasize "people first" language that focuses on the person first, with the disability as secondary. For example, woman who is deaf is preferred over deaf woman. In addition, people with disabilities is preferred over the handicapped or the disabled.

I have enclosed "Guidelines for Reporting and Writing about People with Disabilities." The guidelines explain preferred terminology when reporting about people with disabilities and reflect the input of more than 100 national disability organizations.

If you ever have a question these guidelines don't address, please feel free to contact me. Again, we appreciate your coverage of our organization and people with disabilities in general.

Sincerely,

(Your Name) (Title)

enclosure

Guidelines for Reporting and Writing About People with Disabilities

When writing, it's important to be concise, particularly in journalism. However, sometimes the effort to limit wordiness leads to inappropriate references to people with disabilities. The following guidelines explain preferred terminology and reflect input from more than 100 national disability organizations. These guidelines have been reviewed and endorsed by media and disability experts throughout the country. Although opinions may differ on some terms, the guidelines represent the current consensus among disability organizations. Portions of the guidelines have been adopted into the Associated Press Stylebook, a basic reference for professional journalists.

DO NOT FOCUS ON DISABILITY unless it is crucial to a story. Avoid tear-jerking human interest stories about incurable diseases, congenital impairments or severe injury. Focus instead on issues that affect the quality of life for those individuals, such as accessible transportation, housing, affordable health care, employment opportunities and discrimination.

PUT PEOPLE FIRST, not their disability. Say "woman with arthritis," "children who are deaf" or "people with disabilities." This puts the focus on the individual, not the particular functional limitation. Despite editorial pressures to be succinct, it is never acceptable to use "crippled," "deformed," "suffers from," "victim of," "the retarded," "the deaf and dumb," etc.

DO NOT SENSATIONALIZE A DISABILITY by writing "afflicted with," "crippled with," "suffers from," "victim of" and so on. Instead, write "person who has multiple sclerosis" or "man who had polio."

DO NOT USE GENERIC LABELS for disability groups, such as "the retarded" or "the deaf." Emphasize people, not labels. Say "people with mental retardation" or "people who are deaf."

EMPHASIZE ABILITIES, not limitations. For example:

- Correct: "uses a wheelchair/braces" or "walks with crutches"
- Incorrect: "confined to a wheelchair," "wheelchair-bound" or "crippled" Similarly, do not use emotional descriptors such as "unfortunate," "pitiful" and similar phrases.

Disability groups also strongly object to using euphemisms to describe disabilities. Terms such as "handi-capable," "mentally different," "physically inconvenienced" and "physically challenged" are considered condescending. They reinforce the idea that disabilities cannot be dealt with directly and candidly.

SHOW PEOPLE WITH DISABILITIES AS ACTIVE participants in society. Portraying persons with disabilities interacting with people without disabilities in social and work environments helps break down barriers and open lines of communications.

DO NOT PORTRAY SUCCESSFUL PEOPLE WITH DISABILITIES AS SUPERHUMAN. Many people with disabilities do not want to be "hero-ized." Like many people without disabilities, they wish to be fully included in our communities and do not want to be judged based on unreasonable expectations.

DO NOT IMPLY DISEASE when discussing disabilities that result from a prior disease episode. People who had polio and experienced after-effects have a post-polio disability. They are not currently experiencing the disease. Do not imply disease with people whose disability has resulted from anatomical or physiological damage (e.g., person with spina bifida or cerebral palsy). Reference to the disease associated with a disability is acceptable only with chronic diseases, such as arthritis, Parkinson's disease or multiple sclerosis. People with disabilities should never be referred to as "patients" or "cases" unless their relationship with their doctor is under discussion.

LISTED BELOW ARE PREFERRED WORDS THAT REFLECT A POSITIVE ATTITUDE IN PORTRAYING DISABILITIES:

- *Brain injury*. Describes a condition where there is long-term or temporary disruption in brain function resulting from injury to the brain. Difficulties with cognitive, physical, emotional or social functioning may occur. Use "person with a brain injury," "woman who has sustained brain injury" or "boy with an acquired brain injury."
- *Cleft lip*. Describes a specific congenital disability involving lip and gum. The term "hare lip" is anatomically incorrect and stigmatizing. Use "person who has a cleft lip" or "a cleft palate."
- *Deaf*. Deafness refers to a profound degree of hearing loss that prevents understanding speech though the ear. "Hearing impaired" and "hearing loss" are generic terms used by some individuals to indicate any degree of hearing loss from mild to profound. These terms include people who are hard of hearing and deaf. However, some individuals completely disfavor the term "hearing impaired." Others prefer to use "deaf" or "hard of hearing." "Hard of hearing" refers to a mild to moderate hearing loss that may or may not be corrected with amplification. Use "woman who is deaf," "boy who is hard of hearing," "individuals with hearing losses" and "people who are deaf or hard of hearing."
- *Disability*. General term used for a functional limitation that interferes with a person's ability to, for example, walk, lift, hear or learn. It may refer to a physical, sensory or mental condition. Use as a descriptive noun or adjective, such as "person living with AIDS," "woman who is blind" or "man with a disability." "Impairment" refers to loss or abnormality of an organ or body mechanism, which may result in a disability.
- *Disfigurement*. Refers to physical changes caused by burn, trauma, disease or congenital problems.

- *Down syndrome*. Describes a chromosome disorder that usually causes a delay in physical, intellectual and language development. Usually results in mental retardation. "Mongol" or "mongoloid" are unacceptable.
- *Handicap*. Not a synonym for disability. Describes a condition or barrier imposed by society, the environment or by one's self. Some individuals prefer "inaccessible" or "not accessible" to describe social and environmental barriers. "Handicap" can be used when citing laws and situations, but should not be used to describe a disability. Do not refer to people with disabilities as "the handicapped" or "handicapped people." Say "the building is not accessible for a wheelchair-user." "The stairs are a handicap for her."
- HIV/AIDS. Acquired immunodeficiency syndrome is an infectious disease resulting in the loss of the body's immune system to ward off infections. The disease is caused by the human immunodeficiency virus (HIV). A positive test for HIV can occur without symptoms of the illnesses, which usually develop up to 10 years later, including tuberculosis, recurring pneumonia, cancer, recurrent vaginal yeast infections, intestinal ailments, chronic weakness and fever and profound weight loss. Preferred: "people living with HIV," "people with AIDS" or "living with AIDS."
- *Mental disability*. The Federal Rehabilitation Act (Section 504) lists four categories under mental disability: "psychiatric disability," "learning disability", "intellectual disability" or "cognitive impairment" is acceptable.
- *Nondisabled*. Appropriate term for people without disabilities. "Normal," "able-bodied," "healthy" or "whole" are inappropriate.
- Seizure. Describes an involuntary muscular contraction, a brief impairment or loss of consciousness, etc., resulting from a neurological condition such as epilepsy or from an acquired brain injury. Rather than "epileptic," say "girl with epilepsy" or "boy with a seizure disorder." The term "convulsion" should be used only for seizures involving contraction of the entire body.
- *Spastic*. Describes a muscle with sudden abnormal and involuntary spasm. Not appropriate for describing someone with cerebral palsy or a neurological disorder. Muscles, not people, are spastic.
- *Stroke*. Caused by interruption of blood to brain. Hemiplegia (paralysis on one side) may result. "Stroke survivor" is preferred over "stroke victim."

The Indiana Governor's Council for People with Disabilities would like to acknowledge the Research and Training Center on Independent Living at the University of Kansas for the usage rights of the "Guidelines."